



Emergency Medical Form

Please fill out this form completely and return as soon as possible to dscgs@smv.org with your campers's most current medical information. The summer fun can't start until we have a complete form!

Please complete a separate form for each camper attending camp. If your camper is attending more than one week of camp, you only need to fill out this form once.

■ Camper name: _____ Camper birthdate: _____

■ Parent/guardian name: _____

Phone: _____ Cell phone: _____ Email: _____

■ Parent/guardian name: _____

Phone: _____ Cell phone: _____ Email: _____

■ Alternate contact: _____

Phone: _____ Cell phone: _____ Email: _____

Medical Information

Please list all of the camper's allergies:

Are there any daily or emergency medications that need to be administered during camp hours? If so, please list all medication and include specific comments and instructions.

Are there any special conditions, needs or preferences (mobility, dietary, emotional, gender expression, etc.) that you would like camp staff to know?

**Camp staff is not permitted to give any prescription or over the counter medication to your camper unless provided by you. Please use the back of this form for any further details regarding your camper's medical information or any additional information you would like camp staff to know.*

Liability Release

The information provided above is a complete and accurate statement of the physical and behavioral factors which may affect my camper's participation in summer camp at the Danville Science Center. I hereby grant permission for my camper to participate in summer camp activities. I approve camp staff to carry out any minor first aid treatment when applicable. Medication will not be administered by Science Center staff unless provided by me. I approve the use of emergency medical services selected by the Science Center staff to provide transportation and aid in the event that there is a medical emergency with my camper and I cannot be reached.

Parent/Guardian signature: _____ Date: _____

Emergency Contacts: (to be used only if we are unable to contact the parent/guardian)

Name: _____ Relationship: _____

Daytime phone: _____ Cell phone: _____

Name: _____ Relationship: _____

Daytime phone: _____ Cell phone: _____